

Statewide Portable Equipment Registration Program
FORM 3-C - Application for Portable Confined Abrasive Blasting Registration

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| 1. Company Name: | | |
| 2. <u>New Registration</u> (Choose One) <input type="checkbox"/> Operational <input type="checkbox"/> Non-operational With Initial Evaluation <input type="checkbox"/> Non-operational Without Initial Evaluation | 3. <u>Modification to Statewide Registration</u> <input type="checkbox"/> Equivalent Replacement Statewide Registration Number: _____ For any other registration modifications complete Form 1-B. | |
| 4. Equipment Manufacturer: | 5. Model: | 6. Series: |
| 7. Maximum Abrasive Flow Rate: If flow rate is unknown indicate nozzle diameter and pressure. | | 8. Serial Number: |
| 9. Indicate General Use of Equipment, Including All Possible Operating Scenarios: | | |
| 10. Indicate Normal Operating Schedule: | | |
| 11. <u>Abrasives Used</u> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Glass <input type="checkbox"/> Grit <input type="checkbox"/> Sand <input type="checkbox"/> Shot <input type="checkbox"/> Other </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Sand Type: Other Type: </div> | | |
| 12. <u>Process Information</u> | | |
| Percent of Time Wet Blasting Method Is Used: | | |
| Other Abrasive Blasting Methods Used: | | |
| 13. <u>Control Equipment Information</u> | | |
| Particulate Control Equipment Description: | | |
| Control Efficiency: % | | |
| Provide Manufacturer's Specifications or Engineering Data to Demonstrate a Minimum Particulate Matter Control of 99% For Dust Collection Equipment. | | |
| Are Fabric Dust Collectors Equipped With Operational Pressure Differential Gauges? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> N/A (No Fabric Collectors)</div> | | |
| 14. Home District Designation (optional): | | |

(Form 3-C)

1. *Registration to be Issued To (Company Name)* - Legal name of entity, business, organization, agency or private individual that operates equipment.
2. *New Registration* OR 3. *Modification to Registration* - This form is for new registrations and equivalent replacements. If you want to modify equipment that has previously been registered and the modification is not an equivalent replacement, please use FORM 1-B, *Modification to an Existing Registration*.

Registration Operational - Check this box if you intend to operate equipment when registered.

Registration Non-operational with initial evaluation- Check this box if you do not intend to operate for an extended period of time; and you wish to have equipment evaluated for compliance eligibility now.

Registration Non-operational without initial evaluation - Check this box if you do not intend to operate for an extended period of time; and you do not wish to have equipment evaluated for compliance eligibility now.

Equivalent Replacement - Check this box if the existing equipment is being replaced by equivalent equipment.
(The registration number of existing unit must be included.)

4. *Manufacturer* - for example: Simons, Rexnord, or your company name if built in house.
5. *Model* - may be a series of numbers or letters or combinations of numbers and letters, for example; 3612
6. *Series* - will likely be an extension of the Model number such as AT.
7. *Maximum Abrasive Flow Rate* - Indicate the maximum rated throughput weight or quantity in pounds or tons per hour. If flow rate is unknown, provide the nozzle diameter and pressure.
8. *Serial Number* - A unique, unit specific number, usually on the equipment nameplate. The serial number is necessary to ensure that each piece of registered equipment can be uniquely identified and matched to its respective registration certificate number.
9. *Equipment Use Including all Operating Scenarios* - Explain how equipment is used, such as “confined blasting of metal parts prior to painting,” include multiple uses or operating scenarios. Please indicate if multiple nozzles are used simultaneously. If a pot is used describe it in full detail.
10. *Normal Operating Schedule* - The typical operating schedule for the engine in hours per day and days per week.
11. *Indication of Abrasives Used* - a list of the types of abrasives used, if “sand” or “other” is indicated the type must be listed. Note: all abrasives must be California Air Resources Board certified.
12. *Process Information:*
Percent Wet Blasting - an indication of the percentage of the time wet blasting is performed must be included.
Other Abrasive Blasting Methods Used - If other blasting methods are used, they must be listed.
13. *Control Equipment Information* - Particulate control equipment must be listed and described.
Control Efficiencies - List control efficiencies as a percentage of particulate controlled.
Pressure Gauge - The control equipment must be equipped with an operational pressure differential gauge.
Operational Pressure Differential Gauge - Fabric dust collectors must be equipped with an Operational Pressure Differential Gauge (OPDG) to measure the pressure drop across the filters. If you do not have a pressure gauge, explain how filters are monitored. If fabric collectors are not used indicate N/A. (Vent filters do not require OPDG's.)
14. *Home District Designation (Optional)* -Indicate the one air pollution control and air quality management district in which this engine is most commonly operated. This district will be designated as your “home” district. It is not required that a home district be designated.

